

Fenwick Island Beach Patrol 2010
Junior and Advanced Lifeguard Program for Ages 9 yrs – 15 yrs

Child's Name - One Child per Application (Print): _____

Age: _____ Date of Birth: _____ Male Female

All Sessions 10 AM to Noon @ Dagsboro St. Beach End

Junior Lifeguard Programs

Session 1 – June 29 – July 1

Session 2 - July 6 -8

Session 3 – July 13 -15

Session 4 – July 20 -22

Session 5 – July 27 -29

Session 6 – Aug 3 -5

All participants must have prior swimming lessons or possess adequate swimming skills. PRIOR SWIMMING EXPERIENCE: _____

Parent Name (Print): _____

Phone: Local _____ Out of Town _____

Address: Local _____ Home _____

Emergency Contact Name and Phone: _____

Secondary Emergency Contact Name and Phone: _____

Does your child have any physical or mental disabilities that would prevent him/her from participating in this program? NO YES

If YES, please explain _____

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By signing this registration form, I hereby release the Fenwick Island Beach Patrol, the Town of Fenwick Island, and its designees from any and all liability from my child participating in this program (at least one Parent or Guardian signature required)

Parent/ Guardian Signature _____

Parent/Guardian Signature _____

FEE: \$55 Week (Jr. Lifeguard) Check enclosed Paid in person

Received By: _____ Date Received: _____ Session Assigned: _____

****Class size limited to 15 children****